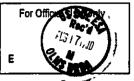
Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



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E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
1 File Number U - 8998	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3. Name and address of person filing	4 Name, file number, and address of labor organization		
Name MICHAEL O'GRADY	Name IBEW LOCAL 25		
	Labor Organization File Number 039~321		
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any		
Street 370 VANDERBILT MOTOR PARKWAY	Street 370 VANDERBILT MOTOR PARKWAY		
City HAUPPAUGE	City HAUPPAUGE		
State New York ZIP Code + 4 11788	State New York ZIP Code + 4 11788		
5 Position in labor organization CHAIRMAN OF THE EXAMINING BOARD			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions). A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6 Name and address of Employer (including trade name, if any) 7 a Nature of Interest, Transaction, or Income			
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any	7 b Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)			
Signed X Michael Charles Xon 8/12/05 6318644257			

Telephone Number

Name of Person Filing MICHAEL O'GRADY	F	ile Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c. Employer	n		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	-		
Name Trade Name, if any: P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	11 b Approximate dollar value of 12 a Nature of interest held of			
	12 b Amount.			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name JOINT APPRENTICESHIP & TRAINING COMMITTEE Trade Name, if any P O Box, Bldg , Room No , if any		PENSES FOR ATTEN	DING AT NJATC	
Street 370 VANDERBILT MOTOR PARKWAY				
City HAUPPAUGE				
State New York ZIP Code + 4 11788				
13 b is the Business an Employer or Consultant ?	14 b Amount of payment		\$400	

Name of Person Filing	MICHAEL	O'GRADY
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File Number U-

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any			
13 a Name and address of Employer or Labor Relations Consultant (including	14 a Nature of payment			
trade name, if any)	LOSS OF TIME - APTITUDE TEST ADMINISTRATION			
Name JOINT APPRENTICESHIP & TRAINING COMMITTEE				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street 370 VANDERBILT MOTOR PARKWAY				
City HAUPPAUGE				
State New York ZIP Code + 4 11788				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment. \$559			
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, If any				
P O Box, Bidg , Room No , if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			